

COUNTYWIDE CHILD MHSA NEWSLETTER

Child FSP Family Focus Groups

Over the past five years, CSOC Administration has conducted annual telephonic Family Satisfaction Surveys to evaluate the success of Child FSP programs and to determine if the families served felt that Child FSP programs were as successful as the clinical data indicated.

Every year more than 80% of the surveyed families consistently respond that the services they received were beneficial to their child's well-being and happiness.

During Fiscal Year 2012-13, Countywide CSOC Administration conducted eight focus groups, one per Service Area, in an effort to talk to families and children face-to-face that were enrolled in a Child FSP program at the time the focus group was conducted.

Clinicians were able to gather direct feedback and measure the satisfaction of 36 clients and 49 parents and caregivers by conducting an open forum discussion and asking four open ended questions. The goal of the focus groups was to find out how children and families felt about the services that were offered to them, how they developed their treatment goals, how the services they received impacted their lives and any suggestions they might have for improving Child FSP programs.

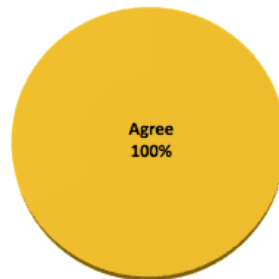
An amazing 100% of the participating families indicated that they received services in their preferred language and decided together with their treatment team, when and where FSP services would be provided.

Ninety-five percent of families felt the services their children received were both supportive and beneficial and were confident that their treatment team would be there for them in times of crisis.

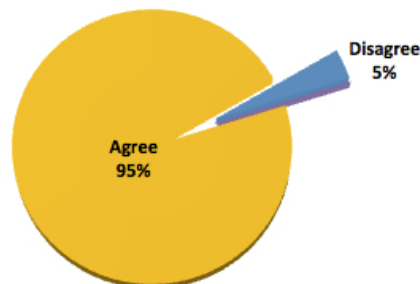
Overall, 98% of the focus group children and families were happy with their FSP services and felt the quality of their children's lives had improved because of their participation in a Child FSP program.

It is clearly evident that the services provided by Child FSP programs throughout the County change participants' lives dramatically. Parents and caregivers who received Family Support Services as part of their child's FSP reported optimistic changes in themselves and their relationships with their spouse and children.

Time and again Child FSP programs have proven to play a key role in improving the lives of children with intensive mental health needs.



100% received services in their preferred language and were able to help set their child's treatment goals.



95% were confident that their treatment team would be there during times of crisis.

OMA TIPS

GET UPDATED TRAINING

If it has been more than a year since you last took OMA training, your knowledge maybe outdated and participating in an OMA refresher training session will quickly get you up to speed.

BASELINE EDUCATIONAL LEVEL

The Educational Level on the Baseline should identify the grade level the client has ALREADY completed - NOT the grade level the client currently holds.

HOSPITALIZATIONS

Please remember that there is no such thing as a State Hospital for children! A child can only be hospitalized in an Acute Psychiatric or Acute Medical hospital. Also, please remember to enter a KEC when a child is released from a hospital and/or juvenile hall.

EMPLOYMENT

Employment info must be entered into the baseline. Since it is rare for a child to have a job, "52" should be entered as the number of weeks unemployed and "Yes" should be entered in the "Is the client unemployed at this time" field. If there has been no change in employment status, simply leave the employment section blank when completing any related KECs.

DISENROLLMENT

The child's date of disenrollment in the OMA should MATCH the Countywide authorization date and the reason for the child's disenrollment must be the same on both the KEC and the disenrollment form.

Brenda Goes To Camp...



Seven year old Brenda Molina has been participating in Foothill Family Service's Child Full Service Partnership Program since July 5, 2012. Following Brenda's Type I diabetes diagnosis in 2011, Brenda's mom noticed a dramatic change in Brenda's behavior. She became aggressive towards her siblings, failed to follow directions and became increasingly defiant towards her mother. Brenda also became depressed and talked about dying.

Members of Brenda's FSP treatment team, therapist, Emma Hernandez, and child specialist, Guadalupe Henriquez, recognized that both Brenda and her family were overwhelmed by the implications and life style changes that resulted from being diagnosed with diabetes and immediately began looking for resources and services that could help Brenda cope and adjust to her condition.

Luckily the treatment team was able to find Camp Conrad-Chinock, located in the San Bernardino Mountains, which offers recreational, social and educational

opportunities for youth and families with diabetes.

A primary focus of Diabetes Camping and Educational Services (DCES) is providing residential camping experiences for youth with Type 1, insulin-dependent diabetes and their families. Campers are taught diabetes self-management skills in a fun, interactive, and safe environment.

Using FSP Flex Funds to defray enrollment costs that Brenda's family could not afford, the treatment team was able to send Brenda to Camp Conrad-Chinock and provide her with her first experience camping and being away from home for more than just a few hours.

Brenda had a positive experience at camp, engaging with other children coping with diabetes and learning diabetes self-management skills in a fun, interactive, and safe environment. "I had so much fun at the camp and I even learned how to inject my own insulin!"

"She found out what it was like to have an insulin pump for a day and learned

how to eat properly," Brenda's mother explained, "but most importantly she found out she was not alone or different because there are a lot of other kids in the world who have diabetes just like she does."

The mission of DCES is committed to providing a safe, educational, and healthy camping experience to all children and families. Their services and facilities are shared with health-based associations, schools, and community organizations looking to promote self-esteem, spiritual awareness, and moral character within children, including those living with chronic illness, physical disability, or economic hardship.

Whether attending a youth or family camp, a comprehensive educational program provides training in formal and casual settings to teach children how to manage their medication, eat properly, and integrate physical activity into their lifestyle.



Respite Care Pilot Takes Off



In an effort to expand Family Support Services (FSS) under Child Full Service Partnership (FSP) Programs, and in response to feedback gathered from parents/caregivers of Child FSP enrolled clients, Children's Systems of Care Administration (CSOCA) launched the FSS Enhanced Respite Care Pilot Program for Fiscal Years 2012-2014 to provide supportive services to parents and/or caregivers of children with Severe Emotional Disturbance (SED).

The purpose of the pilot is to provide short-term relief to caregivers that provide in-home care for a Child FSP-enrolled child or youth, between the ages of birth to 15 years.

Currently, the eight Child FSP providers that are participating in the pilot have agreed to shift up to 30% of their Family Support Services (FSS) allocation in order to generate approximately \$238,562 in respite services.

The Respite pilot was launched in April, 2013 and as of August 2013, a total of 46 families have received respite services.

SERVICE DELIVERY OPTIONS

Providers had several options for delivering respite care services. Of the eight providers that are participating, two elected to provide services through their own employed respite care workers and the remaining providers

subcontracted their respite care services out to established respite care vendors. CSOCA provided technical assistance throughout the development and implementation of the pilot and helped facilitate subcontracts between pilot participants and specific respite care vendors.

EVALUATION MEASURES

To ensure that respite services were beneficial to the families and to gather information for potential expansion of the pilot, surveys were conducted with caregivers both prior to and while receiving respite care services.

PRE-SERVICES CAREGIVER SURVEYS

Based on results from the Pre-Services Caregiver Surveys compiled from families prior to receiving services, a majority of the caregivers reported that as a result of caring for their child with SED they have increased stress and less time to attend to their own needs.

MID-SERVICES CAREGIVER SURVEYS

Mid-services surveys were conducted with caregivers to assess their satisfaction with respite services and determine whether changes to the process were needed.

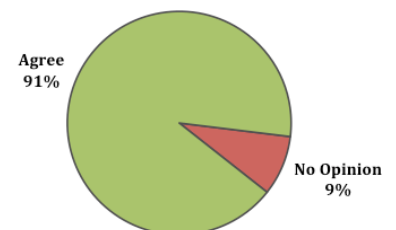
Preliminary results showed that a majority of surveyed caregivers felt respite services gave them more time to attend to personal business and decreased their stress levels.

"I got to run my errands, the person helps my child with his math homework" and "[respite services] helped me to focus more on my younger children and to focus on my husband because our relationship was falling apart."

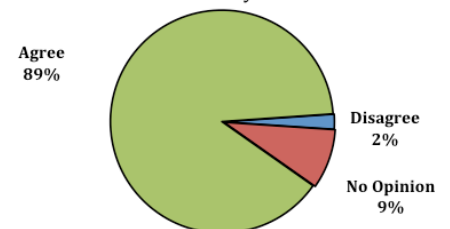
The majority of caregivers surveyed would recommend respite services to other families caring for children with SED. All the caregivers surveyed expressed wanting more respite for their families.

PRE-SERVICE QUESTIONS

"I have no time for myself because I spend all my time caring for my child"



"Providing constant supervision for my child creates increased stress for me and/or my family"



Bryan Mershon, Ph.D. Celebrates 25 Years of County Service



On August 12, 2013, DMH District Chief, Paul McIver presented Acting Deputy Director Bryan Mershon, Ph.D. with his 25 year County Service Award.

Dr. Mershon began his career with the Los Angeles County Department of Mental Health's Forensic Community Treatment Program in 1987, shortly after receiving his Ph.D. in Clinical Psychology from Fuller Theological Seminary.

During his first year with the Department, Dr. Mershon co-wrote the first State-funded service grant for HIV mental health services in Los Angeles County. He spent most of the next three years developing Los Angeles County's HIV mental health service capacity in DMH directly-operated mental health programs, and training to contract providers.

Dr. Mershon has also been responsible for overseeing a mental health day treatment program in one of the Sheriff's Department intermediate care facilities as well as the program development and clinical implementation of several adult directly-operated mental health clinics Countywide.

Over the course of his career with DMH, Dr. Mershon has supervised the Medi-Cal Managed Care Unit, managed the Children's Countywide Case Management Unit and served as District Chief for Countywide Child MHSA Programs Administration.

In October 2010, he became the Acting Deputy Director for DMH Children's Systems of Care.

Mr. McIver, the presenter of Dr. Mershon's Service Award, noted that he was the person who recruited Dr. Mershon and stated, "It has been

both a pleasure supervising you and being supervised by you."

Mr. McIver further described Dr. Mershon as a good writer, a connoisseur of good food, and one of the few people left in the world who still reads a hard copy of the Los Angeles Times.

When not busy overseeing the rapidly expanding Children's Systems of Care, Dr. Mershon likes to travel and enjoy various cultures throughout the world.



CSOC Welcomes New Budget Analyst



Congratulations to Darlesh K. Horn who was recently promoted to become the Children's Systems of Care's Health Program Analyst III.

Ms. Horn joined the Children's Bureau in April 2013 and comes with over 10 years of experience and administrative expertise in both planning and implementing DMH programs.

In her previous positions with the Department, Ms. Horn has served as a Service Area Budget Analyst, a MHSA Implementation Project

Manager and a Coordinator for the Benefits Establishment and Service Area Housing programs.

Ms. Horn holds advanced degrees in Community Health Education, Public Policy and Public Administration and plans to enjoy a long and rewarding career with the Department of Mental Health ensuring the provision of world-class mental health services to children and families throughout the County of Los Angeles.